

MICHIGAN INSURANCE BUREAU
 ACTUARIAL SECTION
 P.O. BOX 30220
 LANSING, MICHIGAN 48909

ROUTE TO: (OFFICE USE ONLY)

☐ ACTUARIAL

MEDICARE SUPPLEMENT DATA REPORT

FOR JAN. 1 THRU DEC. 31, 19 _____

THIS REPORT MUST BE FILED BY APRIL 1st OF THE FOLLOWING YEAR FOR EACH MEDICARE SUPPLEMENT POLICY FORM ISSUED IN MICHIGAN. POLICIES SOLD WITH AND WITHOUT A 6 MONTH PRE-EXISTING CONDITION RIDER EACH REQUIRE A SEPARATE REPORT.

SET TABS ON ARROWS FOR TYPING EASE

NAME OF INSURER

NAIC COMPANY NUMBER

STREET ADDRESS OR P.O. BOX

PHONE NUMBER

()

CITY, STATE

ZIP CODE

POLICY FORM NUMBER

YEAR PUT INTO USE

POLICY TITLE

| | | |
|---|--------------------------|--|
| TOTAL EARNED PREMIUM | FROM 1/1 TO 12/31 | |
| TOTAL LOSSES INCURRED | FROM 1/1 TO 12/31 | |
| TOTAL EARNED PREMIUM | SINCE INCEPTION | |
| TOTAL LOSSES INCURRED | SINCE INCEPTION | |
| NUMBER OF POLICIES IN FORCE IN MICHIGAN AS OF JANUARY 1st OF REPORT YEAR | | |
| NUMBER OF POLICIES ISSUED IN MICHIGAN DURING REPORT YEAR | | |
| NUMBER OF POLICIES IN FORCE IN MICHIGAN AS OF DECEMBER 31st OF REPORT YEAR | | |

PERSON RESPONSIBLE FOR REPORT

SIGNATURE